

Hoosick Falls Water Contamination Contact Information

DATE: _____

Name: _____ Date of Birth: _____

Address: _____

Owner/Renter: _____

Number of Years lived at property: _____

Names and Ages of others that live at property: _____

Worked at Saint-Gobain Plant (or prior owner)[indicate who and years]: _____

Telephone Number(s): _____

Email Address: _____

Water Source: Public ___ Private Well ___

Using Bottled Water? _____

Still Using Contaminated Water: Bathing ___ Cooking ___ Washing Clothes ___ Dishes ___

Blood Tests for PFOA? _____ Results: _____

Physical Illnesses/Conditions (indicate which family member each applies to and year diagnosed):

High Blood Pressure during Pregnancy _____ High Cholesterol _____ Thyroid Disease _____

Liver disease _____ Ulcerative colitis _____ Kidney cancer _____

Testicular cancer _____ Prostate cancer _____ Ovarian cancer _____

Diabetes _____

NHL cancer _____ High birth weight of infant _____

**Other Conditions you think
might be related to PFOA**

Please tell us anything else you think would be important for us to know:

Return Completed Forms To:

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